

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

SUMMONS IN A CIVIL CASE

JORDAN SOBLICK, individually and on behalf
of all others similarly situated,

V.

ALLSCRIPTS HEALTHCARE SOLUTIONS,
INC.

CASE NUMBER: 1:16-cv-09909

ASSIGNED JUDGE: Hon. Samuel Der-Yeghiayan

DESIGNATED
MAGISTRATE JUDGE: Hon. Michael T. Mason

TO: (Name and address of Defendant)

Allscripts Healthcare Solutions, Inc.
c/o The Corporation Trust Company
Corporation Trust Center
1209 Orange Street
Wilmington, Delaware 19801

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Benjamin H. Richman
Edelson PC
350 North LaSalle Street, 13th Floor
Chicago, Illinois 60654

an answer to the complaint which is herewith served upon you, 21 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

THOMAS G. BRUTON, CLERK



(By) DEPUTY CLERK



October 21, 2016

DATE

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 1:16-cv-09909

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Allscripts Healthcare Solutions, Inc.
 was received by me on *(date)* 10/27/2016.

☐ I personally served the summons on the individual at *(place)* _____
 on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Amy McLaren, Managing Agent, who is
 designated by law to accept service of process on behalf of *(name of organization)* Allscripts Healthcare
Solutions, Inc. on *(date)* 10/27/2016; or

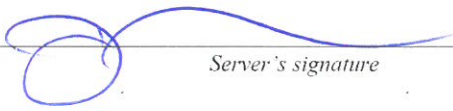
☐ I returned the summons unexecuted because _____; or

☐ Other *(specify)*:

My fees are \$ _____ for travel and \$ 66.40 for services, for a total of \$ 66.40.

I declare under penalty of perjury that this information is true.

Date: 10/29/2016



Server's signature
Daniel Newcomb, Process Server
Printed name and title

Delaware Attorney Services
3516 Silverside Rd. # 16
Wilmington, DE 19810
Server's address

Additional information regarding attempted service, etc:

Service was made on 10/27/2016 at 2:28 PM, at Corporation Trust Co., Registered Agent, 1209 Orange St.,
 Wilmington, DE 19801.

Documents Served: Summons in a Civil Case; Class Action Complaint and Demand for Jury Trial; and Preservation
 Letter